

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST	(1) 0 1 1 1 1 1 1 1 1 1		
NAME (Last)	(First)	(Middle)	TELEPHONE
Greenfield	Charles	Kenyon	808-527-8010
MAILING ADDRESS (Street)			FAX
924 Bethel Street			808-527-8088
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are	employed by a business entity which has been	retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip	Code)

DADT II ODCANIZATION			
PART II ORGANIZATION NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			LEPHONE
Legal Aid Society of Hawai'i			8-527-8056
MAILING ADDRESS (Street)		FA	X
924 Bethel Street		80	08-527-8088
(City)	(State)	(Zip Code	e)
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TE	LEPHONE
Wayne Keawe		80	8-527-8060
MAILING ADDRESS (Street)		FAX	X
924 Bethel Street		80	8-527-8088
(City)	(State)	(Zip Code	e)
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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agriculture	Education	反 Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation			
Consumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	☐ Transportation			
Culture, Arts, Historic Preservation	Health	Planning, Land & WaterUse Management	✓ Other: (indicate below) Funding for Legal Aid			
Ecology, Energy Environmental Protection	Housing	☐ Public Safety & Corrections	Funding for Legal Ala			
PART IV CERTIFICATIO	N OF LOBBYIST					
I hereby certify that the	e information furnished abov	e is, to the best of my knowled	ge, correct and complete.			
cent 200 01/12/07						
	(Signature of Lobbyist) (Date)					
PART V AUTHORIZATION	ON TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
David Reber		President, Board of Directo	ors, Legal Aid Society			
NAME OF ORGANIZATION (if applicable)			TELEPHONE			
Legal Aid Society of Hav	vai'i		808-527-8056			
MAILING ADDRESS (Street)			FAX			
924 Bethel Street			808-527-8088			
(City)	(State)		(Zip Code)			
Honolulu	Н		96813			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
1-24-6-			1-24-67			
(Signature of Author/zing Officer or Person Represented) (D		(Date)				